

Career Preparation Services

Definition: Services aimed at preparing participants for paid or unpaid employment and careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self determination, and self-advocacy. Services are not job-task oriented, but instead aimed at a generalized result. Services are reflected in the participant's service plan and are directed to habilitative rather than explicit employment objectives. On-site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site back to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

Providers: Services will be provided in facilities licensed by DDSN.

Arranging for Services: Once the need for the service has been determined, the individual should be given a choice of providers of this service and the offering of choice must be documented. The individual and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the individual and/or his/her legal guardian and documented.

Prior to adding Career Preparation Services to the Waiver Tracking System, you must first ensure the service is included on the STS. If Career Preparation Services is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the Waiver Tracking System. To make this change proceed to the services menu on the STS (**SVMEN**). Select **CHGAT** and enter SSN in the Key 1 position. The day service that the individual is receiving will be displayed along with the activity type and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("**W**").

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Career Preparation Services can be authorized using the Authorization for Services (**Community Supports Form CP-06**).

For Career Preparation Services, one unit equals one-half day as indicated by the individual's presence or absence as noted on the roll book.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Career Preparation Services.

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

Some items to consider during monitorship include:

- Is the individual satisfied with his/her daily activity?
- What type of training is the individual receiving? Is the individual satisfied with the training?
- Are the training areas consistent with the individual's goal to become prepared for paid or unpaid employment?
- Is the individual making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed.
- Where does the individual want to work?
- What is the individual's attendance?
- What are the opportunities for choice given to the individual?
- Does the individual feel comfortable with staff?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____
Individual's Name / **Date of Birth**

Address

Medicaid # / ____/____/____/____/____/____/____/____/____/____/____/____/

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Career Preparation (T2014):

Number of Units Per Week: _____ (one unit = 1/2 day or 2-3 hours)

Service Coordinator/Early Interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

Board Name/Address: _____
